

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-040435

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

10068

STATE FILE NUMBER

FILED OCT 29 1962

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR TOWN ST. LOUIS, MISSOURI

Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo.

b. COUNTY

JEFFERSON

Inside Limits

Yes ☐ No ☒

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR INSTITUTION

BARNES HOSPITAL

Inside Limits

Yes ☐ No ☐

d. STREET ADDRESS

(If outside, give location)

R. F. D. # 2

Reside on Farm

Yes ☒ No ☐

3. NAME OF DECEASED (Type or print)

First

FRED

Middle

L.

Last

LAMBERT

4. DATE OF DEATH

Month

OCTOBER

Day

19

Year

1962

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

9. AGE (last birthday)

11-13-80 63

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Glass Mfg. Retired

10b. KIND OF BUSINESS OR INDUSTRY

Glass Mfg.

11. BIRTHPLACE (City and state or country)

CALEDONIA MO.

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

ALONZA LAMBERT

13b. MOTHER'S MAIDEN NAME

JEANETTE MOORE

14. NAME OF HUSBAND OR WIFE

KATHRYN SILKETT

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown)

NO

(If yes, give war or dates of service)

NO

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Mrs. Fred. L. Lambert, R # 2, Festus, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

CARCINOMA OF PROSTATE

INTERVAL BETWEEN ONSET AND DEATH

3 YEARS

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

177X

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

ARTERIOSCLEROTIC HEART DISEASE WITH OLD MYOCARDIAL INFARCTIONS

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ N: ☐ Unknown19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

a.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

OCT. 1962

5:02 P.M.

OCTOBER 19, 1962

OCT. 19, 1962

Death occurred at

m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

M. D.

22b. ADDRESS

BARNES HOSPITAL

22c. DATE SIGNED

10/21/62

23a. BURIAL, CREMATION, REMOVAL (Specify)

REMOVAL

23b. DATE

10-22-62

23c. NAME OF CEMETERY OR CREMATORY

Roselawn Memorial Gardens

23d. LOCATION (City, town, or county)

Festus, Mo.

(State)

24. FUNERAL DIRECTOR

ADDRESS

Vinyard Funeral Home, Inc., Festus, Mo.

25. DATE RECD. BY LOCAL REG.

OCT 22 1962

REGISTRAR'S SIGNATURE

H. Smith, M.D.

USE BLACK INK

OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

INSTEAD OF

DATE AMENDED

BY AFFIDAVIT OF

DOCUMENT

VS 300
Rev. 4/59

1

3

4 0

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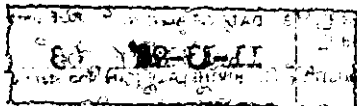
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ST. LOUIS, MISSOURI
HAROLD HOSPITAL

DEAD Y LAMBERT OCTOBER 19 1935



STATE OF MISSOURI DEPARTMENT OF HEALTH

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by STUDENT EMBALMER NO. 3010 Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed *[Signature]*

ST. LOUIS, MISSOURI

OCTOBER 19 1935

ST. LOUIS, MISSOURI

Licensed Embalmer No. 3010

ST. LOUIS, MISSOURI

P. O. Address

Festus M. D.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.